

State-Based Initiatives



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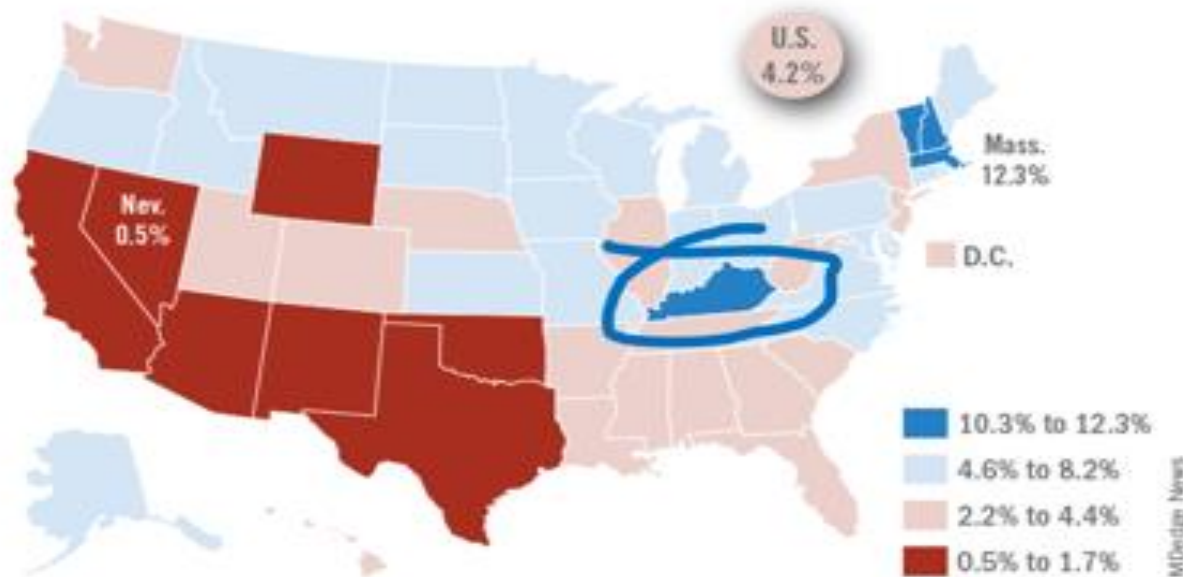
**NATIONAL
LUNG CANCER
ROUNDTABLE**

**STATE BASED INITIATIVES
SHOWCASE**

Accomplishments by SBI Task Group Members

- Jennifer Knight (University of Kentucky & Team):
 - Supplemental grant received from the Bristol Myers Squibb Foundation to evaluate the impact of COVID-19 on Lung Cancer Screening Programs across Kentucky.
 - Kentucky lung cancer screening rates among the highest in the country!!!

Lung cancer screening rates among the high-risk population



Note: Based on data from the American College of Radiology's Lung Cancer Screening Registry state-level comparison for 2018.

Source: American Lung Association

Accomplishments by SBI Task Group Members

- Judy Burleson (American College of Radiology Lung Cancer Screening Registry): ACR LCS registry (LCSR) supported outreach to LCSR participants on behalf of several states that are organizing or continuing state LCS collaboratives
 - ACR LCS registry (LCSR) supported outreach to LCSR participants on behalf of several states that are organizing or continuing state LCS collaboratives
 - Expanded and made available on ACR webpages annual LCSR [state level comparison reports](#)
 - Piloting an LCS Facility Locator report for patients/consumers; currently in testing only in LCSR interactive report space to correct/de-duplicate facility addresses
 - Enabling research and analysis using LCSR data in collaboration with several ACS/NLCRT workgroups

| Aggregation Level | Year | # Facilities | # Screening Exams | Appropriateness of screening by USPSTF criteria | | Smoking cessation offered | | Smoking cessation offered among current smokers | |
|-------------------|------|--------------|-------------------|---|---------------|---------------------------|--------------|---|-------------|
| | | | | Rate | Num/Den | Rate | Num/Den | Rate | Num/Den |
| Alabama | 2019 | 58 | 10931 | 93.74% | (10247/10931) | 84.23% | (9207/10931) | 88.46% | (6238/7052) |
| Alaska | 2019 | 12 | 1433 | 92.53% | (1326/1433) | 92.53% | (1326/1433) | 96.34% | (763/792) |
| Arizona | 2019 | 36 | 5299 | 91.58% | (4853/5299) | 88.53% | (4691/5299) | 93.44% | (2706/2896) |
| Arkansas | 2019 | 31 | 4021 | 94.6% | (3804/4021) | 76.72% | (3085/4021) | 86.65% | (2396/2765) |
| California | 2019 | 133 | 13620 | 76.91% | (10475/13620) | 68.86% | (9379/13620) | 79.36% | (5815/7327) |
| Colorado | 2019 | 51 | 5194 | 84.5% | (4389/5194) | 72.74% | (3778/5194) | 76.15% | (2184/2868) |
| Connecticut | 2019 | 40 | 9186 | 84.77% | (7787/9186) | 51.56% | (4736/9186) | 60.75% | (3141/5170) |
| Delaware | 2019 | 10 | 3153 | 89.82% | (2832/3153) | 96.89% | (3055/3153) | 97.67% | (1676/1716) |

Accomplishments by SBI Task Group Members

- Beth Dickson-Gavney (Senior Director, Cancer Control Strategic Partnerships)
 - South Region American Cancer Society Cancer Control staff (AZ, NM, TX, LA, MS, AL, AR, and OK) are concluding a year-long lung cancer screening learning collaborative. Monthly calls with Subject Matter Experts from NLCRT designed to increase knowledge about and ability to identify resources for partners regarding lung cancer screening.
 - Mississippi American Cancer Society staff actively recruiting cancer centers to participate in a pilot project on biomarker testing.
- Becky Haines (LCS Steering Committee)
 - [Colorado Learning Collaborative on Lung Cancer Screening](#)(occurring now)
 - [Kansas Healthcare Collaborative webinar on November 18](#)
 - Via Chapter Executive Update directing state radiological society leaders to NLCRT Atlas
 - Additional state- and regional-based educational collaborations pending in Maryland and Illinois (Chicago)

Lung Cancer Screening Webinar Series

ACS Comprehensive Cancer Control Technical Assistance and Training

(CDC Grant # DP18-1805)

December 8, 2020

AMERICAN CANCER SOCIETY

Purpose: Build capacity of the CDC National Comprehensive Cancer Control Program grant recipients and their coalitions to implement policy, systems and environmental change approaches and evidence-based promising practices in cancer prevention, screening, diagnostic follow-up, and survivorship.



Survey of Comprehensive Cancer Control Coalitions



*Comprehensive Cancer
Control National Partnership –
ACS & NLCRT are members*

- Self-administered online survey in 2019
- Eligible survey participants:
 - CCC Program Director and/or Program Coordinator
 - ACS Cancer Control Strategic Partnership managers
 - CCC Coalition Chair, Co-Chair and Workgroup Chairs
- 128 Total Respondents



Worked with NLCRT Task Group to include Lung Cancer Control Questions

10

selected lung cancer screening as a top 3 priority for cancer plan implementation.

37

are collaborating to address lung cancer screening.

12% prioritize lung cancer screening as a top 3 area in cancer plan implementation.

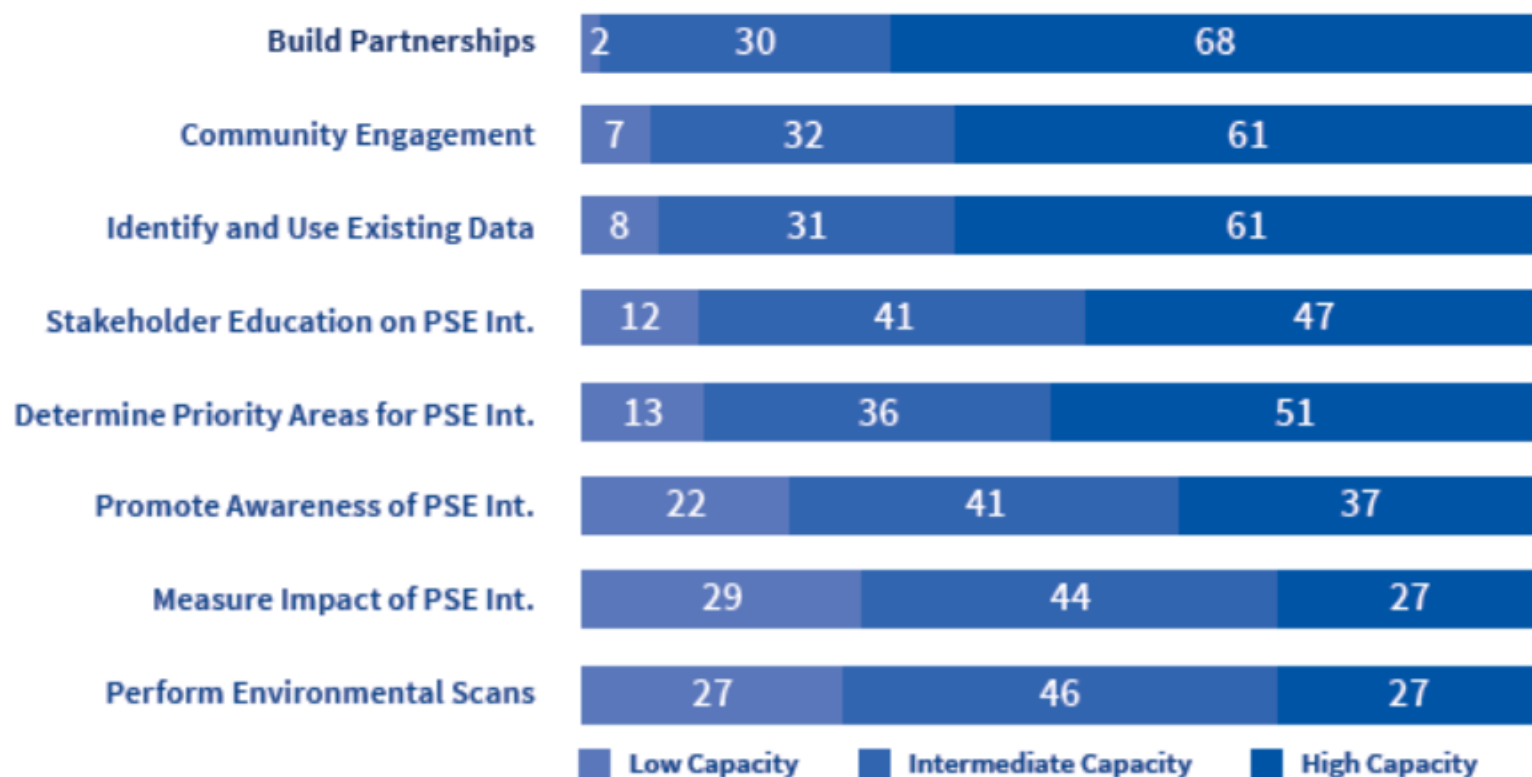


54% of respondents say their coalition is collaborating to address lung cancer screening.

A Closer Look at Coalitions

COALITIONS COLLABORATING TO ADDRESS LUNG CANCER SCREENING ...

Have the capacity to engage but need support for PSE Interventions(%)



63%
HAVE A FACT SHEET
OR RESOURCE THAT
DESCRIBES LUNG
CANCER BURDEN

So what have we done?



spring 2020 webinar series:

Lung Cancer Screening

--What Comprehensive Cancer Control Coalitions Need to Know--



The Who-What-When-Where-Why of Lung Cancer Screening

Wednesday, March 25th
1pm - 2pm EST

Ella A. Kazerooni, MD, MS
University of Michigan



Increasing Lung Cancer Screening in Eligible Adults: Do We Know What Works?

Wednesday, April 29th
1pm-2pm EST

William Mayfield, MD
WellStar Health System



Tobacco Cessation and Lung Cancer Screening

Wednesday, June 3rd
1pm - 2pm EST

Joelle Thirsk Fathi, DNP, RN, ARNP, CTTS
University of Washington

ACS CCC & NLCRT webinar collaboration was a huge success

Diversified reach – broad audience
Trusted messengers

- *Averaged 500 participants per webinar*
- *Averaged 150 completed pre/posts*



acs4ccc.org Website

Lung Cancer Screening



The Who-What-When-Where-Why of Lung Cancer Screening

[The Who-What-When-Where-Why of Lung Cancer Screening](#). Screening with low-dose spiral CT scans decreases the risk of dying from lung cancer in heavy smokers. This webinar gave an overview of who is eligible for lung cancer screening and what the data is telling us about its potential impact on lung cancer.

[See the Screening Video](#)

[See the Screening Tip Sheet](#)

[See the Screening Slides](#)

[See the Screening Infographic](#)

TipSheet for each webinar

REWIND, REMIND

Webinar Takeaways

The webinar *The Who-What-When-Where-Why of Lung Cancer Screening* aired on March 25, 2020. The only recommended screening test for lung cancer is low-dose CT scan. Screening with low-dose spiral CT scans has been shown to decrease the risk of dying from lung cancer in heavy smokers. The webinar gave an overview of who is eligible for lung cancer screening and what the data is telling us about its potential impact on lung cancer.

The webinar further explored the topics of appropriate patient selection and education, tobacco consultations, shared decision making, imaging techniques, management of findings, communication of results, and the roles of nurse navigators and coordinators.

This document summarizes key takeaways and resources from the webinar, which is available at <https://youtu.be/1bGM4o2DQeI>

This was the first in a three-part Spring 2020 webinar series on lung cancer hosted by the *American Cancer Society Comprehensive Cancer Control (ACS CCC)* team. The ACS CCC team seeks to build the capacity of grant recipients in the *Centers for Disease Control and Prevention National Comprehensive Cancer Control Program* to implement policy, systems, and environmental change approaches and evidence-based promising practices in cancer prevention, screening, diagnostic follow-up, and survivorship.

Presenter



Ella Kazerooni, MS, MD
Chair, National Lung Cancer Roundtable
Professor of Radiology and Internal Medicine
Michigan Medical School

REWIND, REMIND

Webinar Takeaways

Lung cancer is the largest cancer killer in both men and women in the United States. Each year, about 200,000 people are diagnosed with lung cancer, and 150,000 people die. Cigarette smoking is linked to 80% to 90% of lung cancers and is the #1 cause of lung cancer. About 8 million U.S. people are eligible for lung cancer screening.

National Lung Screening Trial

- Eight years duration, > 50,000 subjects randomized to low-dose CT vs. chest x-ray
- Ages 55-74 years, 30 pack-year smokers, current or quit in the past 15 years
- 20% reduction in lung cancer mortality
- 6.9% reduction in all-cause mortality
- Screen 320 individuals to save 1 person from lung cancer death (later < 320)
- Nelson trial and MILD trial supported the findings of the NLST.

USPSTF 2013 Recommendation

- The recommendation was foundational.
- Ages 55-80 with 30 pack-year history and current or quit in the past 15 years
- No screening after 15 years cessation
- Comorbidities must be considered.
- CMS (2015) and NCCN (2012) also publish similar guidelines.

Tobacco Consultations

- Are a key element of screening programs because they are teachable moments and increase cessation
- Make screening more cost-effective
- Reduce other leading causes of death such as CVD and COPD

Shared Decision Making

- Required by CMS for coverage
- Includes patient values and preferences as well as scientific and medical evidence
- Helps patients to understand screening is a process and not a "one and done" event
- Informs patients about statistical norms, rates, false positives, technology, options, and follow-ups

Imaging Techniques

- LDCT Low Dose Computed Tomography
- Chest x-rays are not preferred because three large 1970s trials found no mortality reduction benefit from x-rays.
- Follow-ups for small nodules use LDCT.
- Low-dose protocols are widely available.
- Less radiation is used for smaller patients.

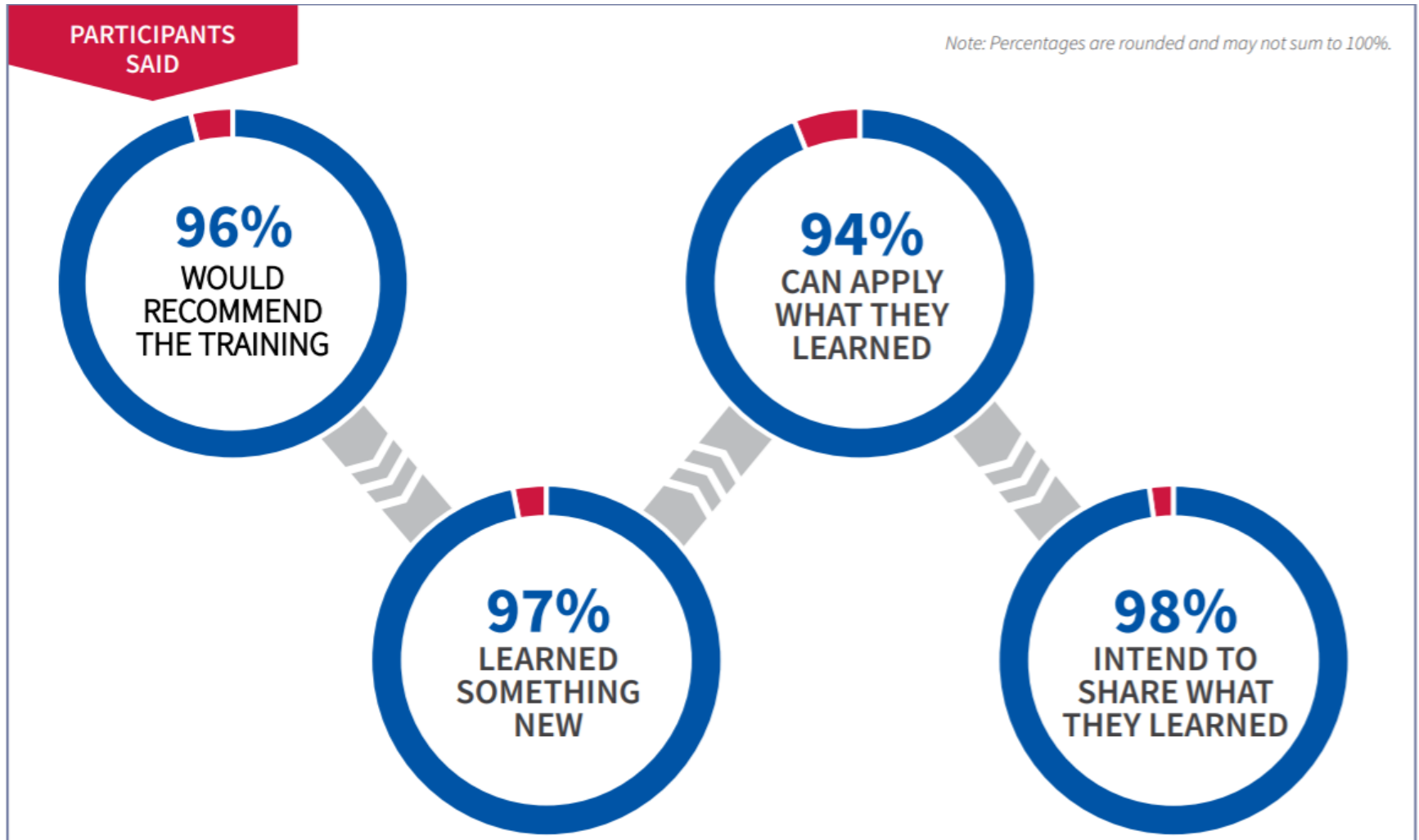
Management of Findings

- Interpretation is important.
- CMS coverage requires the ACR registry, which requires the use of LungRADS 1.1.
- ACR LungRADS 1.1 (2019) is a reporting and management tool for nodules.
- Managing high-risk screenings (4B/4x) involves radiology, pulmonary medicine, thoracic surgery, and oncology.



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Evaluation Infographs





HOW DO YOU INTEND TO USE OR SHARE THIS INFORMATION WITH YOUR COALITION?

% OF PARTICIPANTS

| | |
|-----|--|
| 46% | Discuss During Coalition Meeting |
| 40% | Engage New Partners |
| 36% | Identify Evidence-Based Interventions to Implement |
| 32% | Expand or Revise Existing Activities/Materials |
| 26% | Include in Communications Materials: Newsletter, Email Updates, Social Media |
| 26% | Develop New Activities/Materials |
| 16% | Other |
| 11% | Train Coalition Members on the Topic |
| 1% | I Do Not Intend to Use or Share the Information/Strategies Discussed in This Webinar |



Knowledge and capacity increases



PRE-WEBINAR

51%



POST-WEBINAR

71%

OF RESPONDENTS

HAVE A GREATER UNDERSTANDING OF SCHEDULING POLICY TO IMPROVE COMPLIANCE, LUNG CANCER SCREENING PROTOCOLS, DRIVERS OF SCREENING VOLUME, VIRTUAL MULTI-DISCIPLINARY TEAMS, AND TIMING OF PATIENT EDUCATION



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Up Next...



*State Cancer Plan
TipSheet*



*Incorporating Lung
Cancer Screening
into your state
cancer plan*

2021 Strategic Plan: Goals

1. Publish the Lung Cancer Guidebook and launch the webpage
2. Create repositories of resources for researchers, clinicians, and communities
3. Update information of Tobacco Settlement Fund spending
4. Identify best practices in Lung Cancer Treatment and Research w/other NLCRT task groups

Development of a State-Based Initiatives Resource Guide for the National Lung Cancer Roundtable

Project Summary

To develop a highly adaptable web-based* resource that guides the development of a comprehensive state level strategy to advance lung cancer priorities, regardless of the participant's level of state-based experience.

**Also available in PDF/printable version*

Process

- Met with members of the NCCRT to understand the development of a similar guide they developed.
- Met with ACS staff to understand state-level data development
- Scheduled “Deep Dive” call with the SBI TG early May.
 - Goal: to review NCCRT guide task list and start adjusting for use in lung cancer
 - Call prep: Requested task group feedback on state level priorities, practices, and approaches

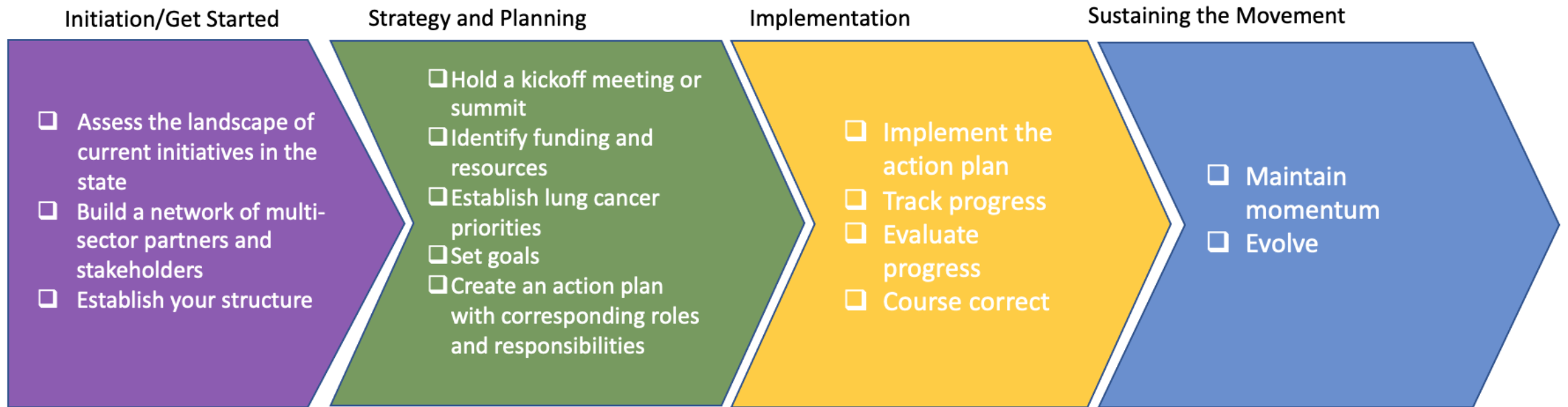
Deep Dive Call with SBI TG: May 5

- 15 attendees from SBI TG.
- Desire to have a resource that everyone can “see themselves in,” regardless of experience level.
- Certain tasks from NCCRT guide resonated but because NCCRT is screening-focused, needed to adjust to fit multiple priorities.
- “Choose your own adventure”: Allow for high degree of tailoring.
- Discussed of basic order of activities but with groups of tasks that can be carried out concurrently.
- Make it practical and dynamic.
- Integrating health equity goals and strategies is high priority.
- Recognize the challenges of Covid-19-era planning/implementation and apply appropriate models of organizing.

Further Development/Input

- Met with ACS staff to understand Comprehensive Cancer Control program role in state-based initiatives.
- Met with several TG members to talk about their state-based initiatives.
- Pretested resource at various stages of development and integrated feedback.

Four Phase Process Map



Health Equity Assessment



Content

Under Each Step

- Strategy
- Worksheets
- Examples/Practical Tips

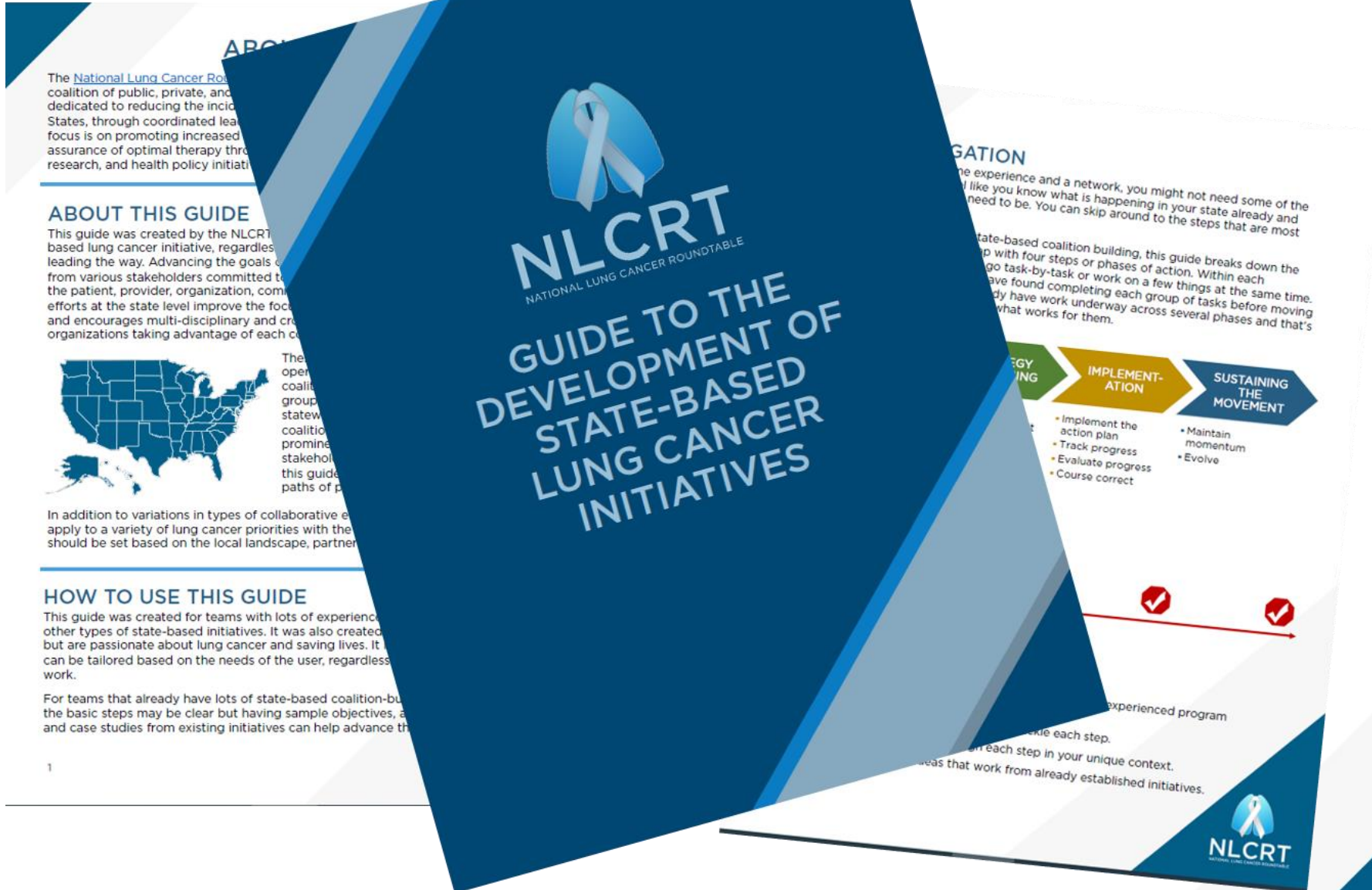
➤ Health equity integrated in everything

Under Each Phase

- Additional Resources
- Troubleshooting Checkpoint



PDF Version



ABOUT THIS GUIDE

The National Lung Cancer Roundtable is a coalition of public, private, and academic organizations dedicated to reducing the incidence of lung cancer in the United States, through coordinated leadership and resources. Our focus is on promoting increased awareness, assurance of optimal therapy through research, and health policy initiatives.

ABOUT THIS GUIDE

This guide was created by the NLCRT for state-based lung cancer initiatives, regardless of the size of the coalition leading the way. Advancing the goals of the initiative requires input from various stakeholders committed to the patient, provider, organization, community, and state. This guide outlines efforts at the state level improve the focus and encourages multi-disciplinary and cross-sector organizations taking advantage of each other's strengths.



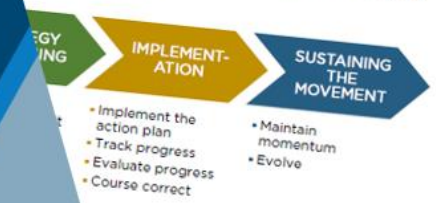
In addition to variations in types of collaborative efforts, the guide applies to a variety of lung cancer priorities with the specific goals that should be set based on the local landscape, partner strengths, and resources.

HOW TO USE THIS GUIDE

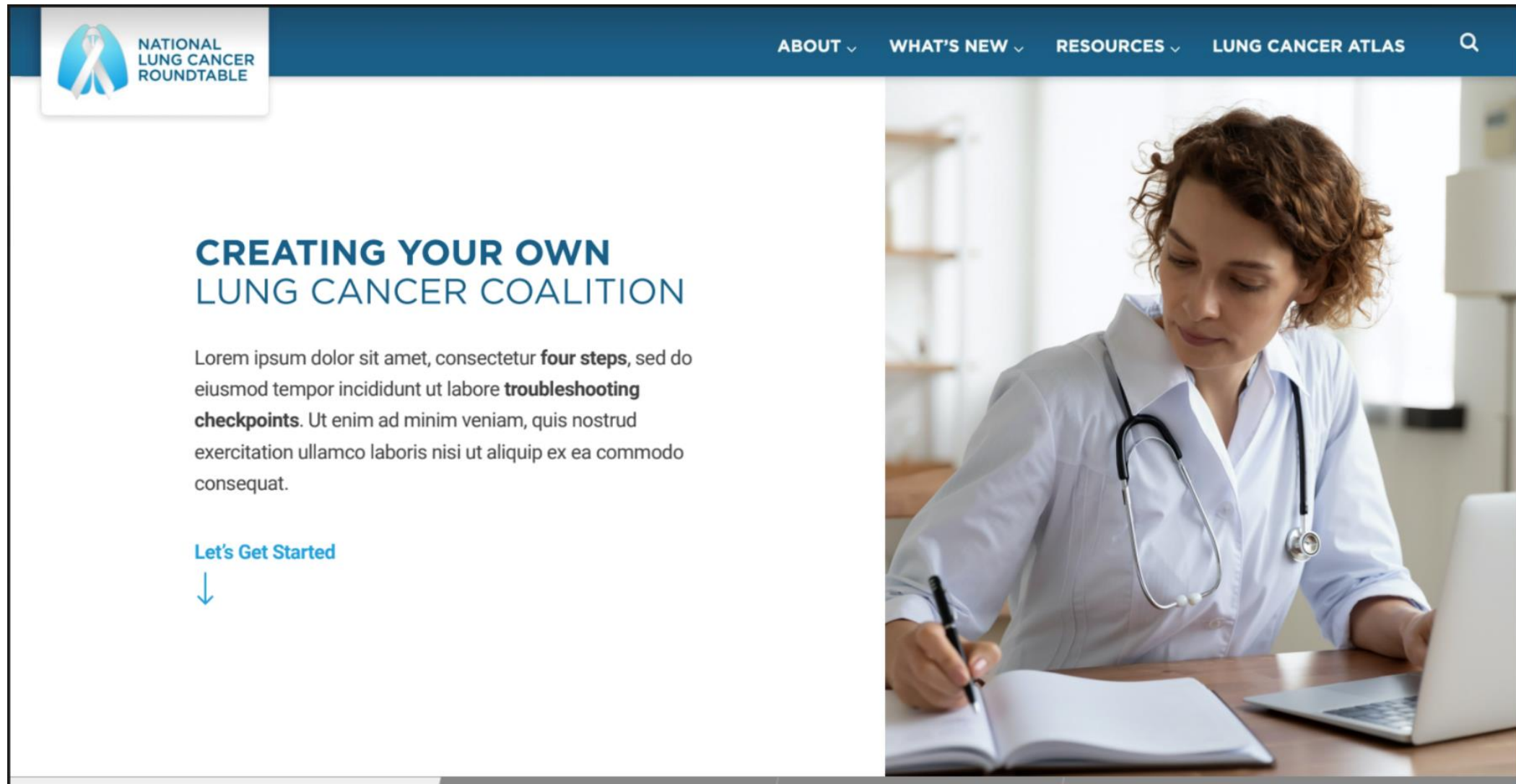
This guide was created for teams with lots of experience with other types of state-based initiatives. It was also created for teams that are passionate about lung cancer and saving lives. It can be tailored based on the needs of the user, regardless of the size of the coalition. For teams that already have lots of state-based coalition-building experience, the basic steps may be clear but having sample objectives, and case studies from existing initiatives can help advance the work.

IMPLEMENTATION

With the experience and a network, you might not need some of the steps. If you already know what is happening in your state already and you know what you need to be. You can skip around to the steps that are most relevant to your state-based coalition building, this guide breaks down the process into four steps or phases of action. Within each phase, you can go task-by-task or work on a few things at the same time. You may have found completing each group of tasks before moving on to the next. You may already have work underway across several phases and that's okay. This guide provides ideas that work for them.



Web Design



NATIONAL
LUNG CANCER
ROUNDTABLE

ABOUT ▾

WHAT'S NEW ▾

RESOURCES ▾

LUNG CANCER ATLAS



CREATING YOUR OWN LUNG CANCER COALITION

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[Let's Get Started](#)



Web Design: Navigation by Phase

PHASE 1
Getting Started

PHASE 2
Strategy and Planning

PHASE 3
Implementation

PHASE 4
Sustaining the Movement

First Things First

Lorem ipsum **why, strategy, worksheets, and examples & practical tips** in each of the tasks, consectetur adipiscing elit, sed do eiusmod tempor incididunt ut labore et dolore magna aliqua adipiscing elit sed euismod.

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Phase 1 Tasks

Lorem ipsum follow these steps. Click any link below to jump to a step lorem ipsum.

✓ Assess the landscape of current initiatives in the state.

✓ Build a network of multi-sector partners and stakeholders.

✓ Establish your structure.

✓ Troubleshoot your process.

Web Design: Drop-Down Resources

Strategy

Lorem ipsum select a contact lead from the dropdown menu to discover topics of inquiry that will get you the right information.

Who to Contact

| | |
|---|--|
| State Health Department ▲ | |
| What to Look For How is lung cancer written into the state comprehensive cancer control plan? (or is it?) What tobacco control/smoking cessation initiatives are happening? What radon prevention activities are happening? What initiatives related to health access and disparities are happening? What data is available and what data is lacking? What do they say about needs/priorities? | Where to Look Is lung cancer in your state comprehensive cancer control plan? Find out here. Contact your state Comprehensive Cancer Control Program to find out about lung cancer-related initiatives. |
| Health Systems and Hospitals ▼ | |
| Lung Cancer Healthcare Providers ▼ | |
| Academic Research Centers / Researchers ▼ | |
| National or Local Nonprofits / Advocacy Organizations ▼ | |
| State / Regional Medical Associations / Societies ▼ | |

Web Design: Health Equity Assessments



HEALTH EQUITY ASSESSMENT

Who are the underrepresented or marginalized populations in your state? How are these populations represented in the different levels of your structure? If they aren't, what groups or thought leaders represent these populations who you can bring to the table?



Web Design: Tools for Troubleshooting

Phase 1 Troubleshooting FAQs

What if I am not able to identify all lung cancer initiatives? ▲



- It's ok to move on to the next task even if you think something is missing. You may discover more along the way.
- Consider putting out communications that can reach initiatives and get them to come to you.

How do I identify a neutral convener? ▼

How do I build trust? ▼

How do I find stakeholders or partners who can engage? ▼

Phase 1 Resources

| | | | |
|-----------------------------|--|-----------------------------|-------------------|
| PDF Cover Graphic & Link | Worksheet: Assess the Landscape | PDF Cover Graphic & Link | Wo Buil Net |
| | Download  | | Dov |
| PDF Cover Graphic & Link | Checklist: Phase 1 | | |
| | Download  | | |

Worksheet

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[Download](#) 

PDF Cover
Graphic & Link

Examples & Practical Tips

Start with Research

Do research on what is important to the organization or person you are hoping to partner with. Ask lots of questions – find out something new about their organization, hear about how they became involved with the organization, ask where they see the org going in the next five years. Listen for points of potential cross-over with your initiative. The most successful partnerships are win-win situations where both parties gain from the process.

Authentic Representation

Partners should also include representatives from the target population to share challenges, barriers, assets, and capitalizing on local resources (culture, practices, etc).

Mindful Facilitation

High quality facilitation has always been key in any initiative that I have participated in. I have examples from both good and bad facilitators that have made all the difference in the group dynamics, and the resulting collaborative efforts. To bring diverse groups together, facilitators need to be skilled at

Clearly Define the Ask

The most important discussion – is defining what we are asking of the partner and what they will get from participating. It is also good to engage the organizations leadership to assure that they support staff and their participation in the initiative.

Leverage Your Network

I called all the pulmonologists, oncologists, and thoracic surgeons around the state that I knew personally. I explained the need for a State Lung Cancer Round Table, what the opportunities for improvement were, and what the commitment might be. I asked them if they would suggest or enroll any colleagues that I or they could call. I gave them specific opportunities to serve on or chair specific committees. I told them we would meet monthly by phone and annually in person.

Needs: General Feedback

- Does this resonate?
- Do the steps make sense?
- Is anything missing?

Thank You

